

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/518629**

FILING DATE

**Winston Alvarez**  
**National Stage Processing**

APPLICANT(S)

**Peruaga, Specialist**

(7700 305-6421)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
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3		2		/		
4		10		/		
5		10		/		
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TOTAL IND.	2	↓	3	↓		↓
TOTAL DEP.	24	←	19	←		←
TOTAL CLAIMS	26		22			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						